DECLARATION FOR UTILITY OR

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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	FOR UTILITY OF SIGN	First Named Ir	ventor	Kia Silverbrook							
	PPLICATION		COMPLETE IF KNOWN								
	R 1.63)	Application Nu	mber								
<u> </u>	_	Filing Date			· -						
☑ Declaration Submitted OR	☐ Declaration Submitted after Initia	al Group Art Unit									
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Nam	ie								
				<u></u>							
As a below named inver	ntor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my пате.											
I believe I am the original,	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
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the specification of which	n <i>(Title</i>	of the Invention)									
is attached hereto	••••	•									
OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International											
Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as											
amended by any amendment specifically referred to above.											
I acknowledge the duty to	disclose information which is r	material to patentability a	s defined in 37 C	FR 1.56.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.											
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed		opy Attached?						
2003901617	Australia	April 7, 2003			⊠						
2003901795	Australia	April 15, 2003									
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The state of the s											
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.											
Application Numbe		(MM/DD/YYYY)									
			Additional provision								
				numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
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[Page 1 of 2]
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DECLARATION — Utility or Design Patent Application

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.											gnating the in the prior to disclose application				
U.S. Parent Application or PCT Parent Number							Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)				
												•			
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.															
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Pate and Trademark Office connected therewith:											n the Patent				
Customer Number Number Bar Code										Code					
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Additional	enistered	practitioner(s) n	amed o	n sunni	emental	Registere	1 Prac	titioner I	nfor	rmation she	et PTO/	SB/02C	attached here	ito.	
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Name	Kia S	ilverbrook													
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City	Balm	ain					5	State	N	sw	ZIP	204	1		
Country	Austr	ralia Telephone 61-2-					- 9 81						1-2-9555-7762		
believed to be punishable by	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										u made are				
Name of S	ole or F	irst Invento	r:					A petiti	ion	has been	filed fo	r this u	insigned inve	entor	
Given Name (first and middle [if any])						Family Name or Surname									
KIA							SILVERBROOK						I		
Inventor's Signature		lul											Date	March 26, 2004	
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Post Office	Post Office Address														
City		Balmain	State	te NSW ZIP				2041				Country Australia			
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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:												
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Inventor's Signature	7011							Date		larch 26, 004		
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Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor											entor	
Given Na	me (first and middle [if any])				Family Name or Surname							
JAN	JAN					RUSMAN						
Inventor's Signature									March 26, 2004			
Residence: City	Balmain	State	NSW	,	Со	untry	Australia		Citize	nship_	Australian	
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Post Office Address												
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Name of Addition	Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any]) Family Name or Surname								-				
Inventor's Signature									Da	Date		
Residence: City		State			Co	ountry		_	Citize	nship		
Post Office Address												
Post Office Address											_	
City		State				ZIP			Country			

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